

Inaugural Dissertation
on Rheumatism!

Practical writers generally agree, in ascribing the cause to improper exposure to cold and the few cases which have come within limits of my observation, evidently serve to corroborate the fact.

2 In consequence of the ~~various~~ and vicissitudes of weather, incidental to many parts of our country, the rheumatism frequently occurs, and holds ^{its} among the most formidable of the diseases, which require the skill and attention of the practitioner.

Rheologists have divided rheumatism, into acute and chronic, I shall first treat of the acute, which generally precedes the latter, and to which our attention is consequently called. It generally makes its attack upon the joints; sometimes shooting along the course of the muscles, from one to another: The larger joints are most gen-

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erally affected; though in the more aggravated cases, the smaller do not escape.

The disease for the most part, is ushered in with a cold stage, which is soon succeeded, by other symptoms of pyrexia, particularly a frequent, full, and hard pulse.

The pains at this stage, affect several joints at the same time, and much pain is also produced by motion; they however frequently change their place & having abated in one joint, become more violent in another; and again they will return to the parts first affected: in this way the disease often continues for a long time.

An exacerbation of the fever, generally comes on in the evening, and is most considerable during the night. The pains also become more violent: the joints which have been much affected, commonly swell, become somewhat red and are painful to the touch. In this state the patient generally feels an alleviation of pain.

The urine is highly colored in the beginning, without sediment; but as the remission of fever becomes more considerable, the urine deposits a pink col.

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cured sediment; The skin is generally hot to the touch, though often moist and emits an acid effluvia, which appears to be peculiar to the disease, and considered by some practitioners, as a characteristic symptom. The tongue is generally furred and rather moist. The blood has an inflammatory appearance.

Rheumatic inflammation appears to be sui generis - In although, it often continues a considerable length of time; yet it has seldom, or never, been known, to terminate in suppuration, or death.

In many of its forms, rheumatism resembles gout, and has in some instances been mistaken for it.

By particular attention to the symptoms & course of the two diseases, we are generally able to draw a line of distinction. Rheumatism generally arises from exposure to cold; whilst gout arises evidently from a different cause. Rheumatism has no promontory symptoms; but gout usually has.

Rheumatism is seated in the layer, and gout

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in the smaller joints. There is also a difference in the appearance of rheumatic and gouty limbs; the former have not so red a colour as the latter. Rheumatism remits & intermits regularly. Gout does not. Lastly, - Gout is acknowledged by many to be a gastric affection, rheumatism is not.

Having briefly enumerated some of the most prominent symptoms, which characterise acute rheumatism, and the way by which we can distinguish it from gout; By a natural transition, we pass to the delineation of that mode of practice, which experience has taught, to be best calculated to effect a cure.

As we conceive it principally to consist in a highly inflammatory state of the parts affected, together with an inflammatory diathesis, the practice should necessarily be very much directed, as in other inflammatory diseases. An antiphlogistic regimen should be strictly enjoined, the patient should not be permitted to indulge in the use of animal food, or any kind of stimulating liquor; substituting for

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these a low vegetable diet, and mild diluent drinks.

The lancet is undoubtedly the most powerful ~~agent~~ ^{agent}, with which we can attack this disease, when early & judiciously employed, its beneficial effects are unquestionably great; nor should it be restricted (as some practitioners have contended, with no little degree of pertinacity) to the first two or three days.

The strength & state of the patient, are, however, circumstances we should not lose sight of. There are no doubt some cases in which Bleed. should be sparingly, if at all prescribed, after the first three days; but these are comparatively rare; particularly in the middle & northern sections of our country. The advocates for restricted bleeding, suppose that chronic rheumatism, when it succeeds the acute, is generally the consequence of too much depletion. This I doubt and on the contrary believe it is often the consequence of not using the lancet to a sufficient extent; particularly in the early stages. I once visited a young lady with my preceptor, who had been confined to her bed for

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cannot alter your state in your author-
 ity in this. The trust has been somewhat mis-
 takenly placed, but of that we cannot establish under a
 better confirmation.

As attention to the canal, the states should certainly be employed. Their states are however, in very many cases, and indeed there are some practitioners who consider purging, disgusting, in contrast with the mod.

to some purpose that is superior to any
merely to exhibit our intellectual power, or
to show our skill in the use of words, and in the
arrangement of sentences.





nature on flying off its when it has set, the
 explanation of Foster will be found extremely useful.
 I have never seen them off yet without knowing the
 reason. It is impossible in some cases to keep up a tree.
 for the same reason.

(12.) Dr. Sadler informs us in his third dissertation on Fever, of a new remedy which in his time has gained little success. I mean the Peruvian bark; for I often saw it used, always alone, and it was not found to succeed constantly. He says, not that he was not not alone but that patients otherwise in better circumstances were thrown upon it. I say, is farther, that when a patient being seized with some violent malady, was very apt to take great notice upon the physician. That this mode of practice was now in a degree with respect to the second, third, fourth, & fifth, used to have less success. I think that in practice, & this remedy, was ever found to be of extraordinary service in a sick Peruvian bark to prevent such a state of things, & to give



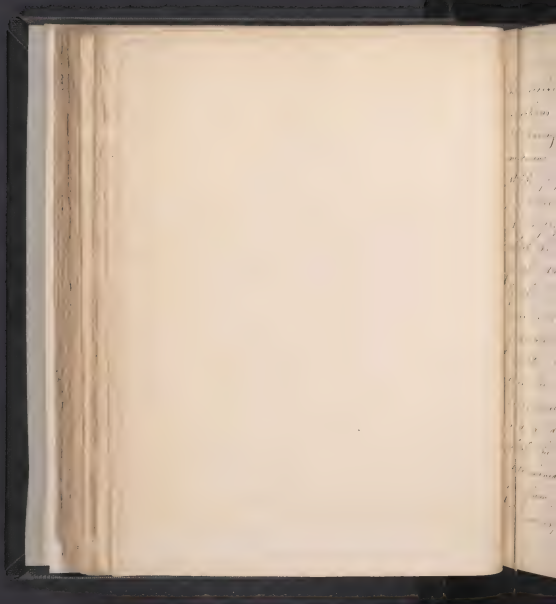




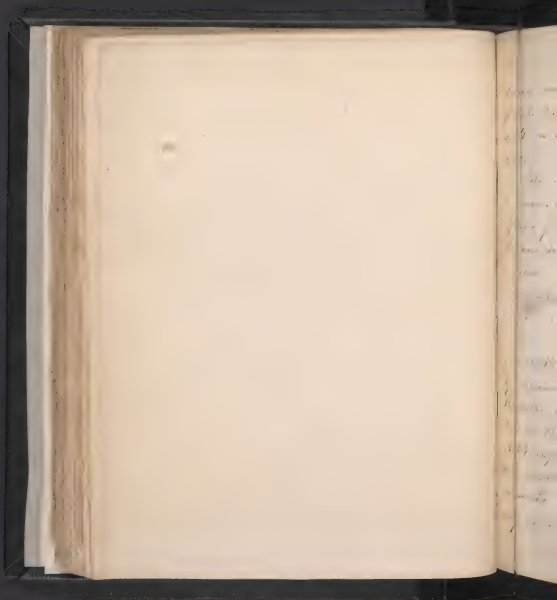
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1. The number of children born to each woman, and the number of children who have died.
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in answer to the letter of the 14th inst. I have the honor to
 acknowledge the receipt of your letter of the 14th inst. and in reply
 to inform you that the same has been forwarded to the
 proper authorities for their consideration. I am, Sir,
 very respectfully,
 Yours, &c.
 J. H. [Signature]





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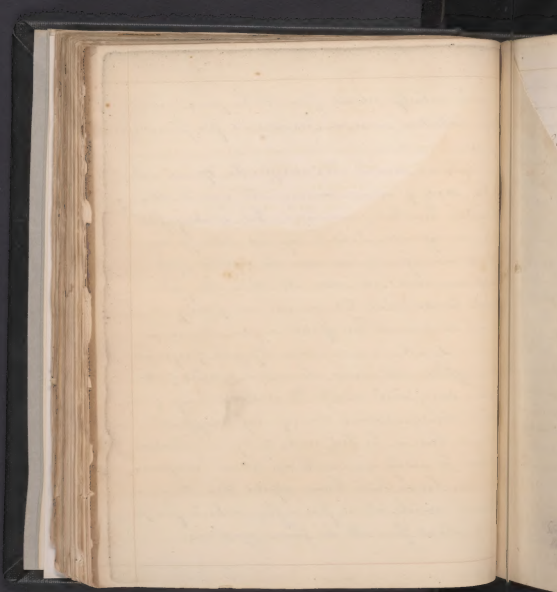
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became entirely relieved from all his pains, and if my recollection serves me, has remained free for several years.

Unburned mustard seed, saucoparilla, opium, sulphur, oxide of arsenic, mercury and several other remedies have been recommended; but speaking from my own experience, I should say but little for any except mercury. I have seen this medicine effect a cure more than once, when all others had failed. I shall however relate but one case, out of many, in which our medicine has effected a cure.

L. M. a man about 27 years of age, had been afflicted with chronic rheumatism, upwards of two years, during which time, he had resorted to many of the usual remedies, without receiving any benefit. I advised him, as his last resort, to try a salivation, to which he readily agreed. to my extreme satisfaction his gums had no sooner become affected, than the disease began to vanish, and in four or five weeks, he felt perfectly relieved from all his former symptoms.



An

Inaugural Dissertation
on Rheumatism.

Allen, defines Rheumatism, Pyrexia
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V. preference to those of the
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On Rheumatism

by Wm J. Minor

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dated Mar 27 1810